and the government

WILLIAMS, MORGAN & AMERSON, P.C.

10333 Richmond Drive, Suite 1100, Houston, Texas 77042 phone: 713-934-7000 fax: 713-934-7011 RECEIVED CENTRAL FAX CENTER AUG 2 3 2004

FACSIMILE TRANSMITTAL SHEET

OFFICIAL

GROUP ART UNIT: 3662

DATE:	AUGUST 23, 2004				
TO:	USPTO	TOTAL NO. OF PAGES INCLUDING COVER: 2			
FAX:	703.872.9306	PHONE:	713.934.4097		
FROM:	SHARON V. HART LEGAL ASSISTANT FOR JAISON C. JOHN		NT: CHANGE OF ONDENCE ADDRESS		
PLE.	ASE REPLY PLEASE HA	ANDLE ORIGINAL	: 🗆 will follow 🗹 will not follow		

NOTES/COMMENTS:

Jaison C. John| Attorney
Williams, Morgan & Amerson, P.C.

10333 Richmond | Suite 1100 | Houston, TX 77042
Voice: 713-934-4069 | Fax: 713-934-7011

EMAIL: JJOHN@WMALAW.COM

PTO/SB/122 (10-00) Modified

Approved for use through 10/31/2002, OMB 0851-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1986, no pareans are required to respond to a collection of information unless it displays a valid CMB confirst number.

10/663,574 **Application Number CHANGE OF** September 16, 2003 CORRESPONDENCE ADDRESS Filing Date CENTRAL AX CENTER **Application** Gabriel G. Marcu First Named Inventor 3662 Address to: **Group Art Unit** AUG 2 3 ZUUF Assistant Commissioner for Patents Washington, D.C. 20231 Examiner Name 2095.000900/P3112 Attorney Docket Number

Please chang to:	ge the Correspond	ence Add	ress for the	above-iden	itified a	applica	311011				
\boxtimes	Customer Num	per [23	720							
OR										· · ·	
Firm or Individua	l Name						•				
Address											
Address			<u>-</u>		•						
City				State				Zip	Ì		
Country											
Telephone						Fax					
associated	cannot be used to with an existing 24).	o change ig Custoi	the data as mer Numbe	sociated w r use "Re	ith a C quest	uston for C	ner Num ustomer	iber. Num	To cha	ange th	e data nange"
This form of associated (PTO/SB/1 I am the:	with an existing	entor. ecord of the der 37 35 gent of re	mer Numbe he entire into i C.F.R. § 3 cord.	erest. .73(b) is en	quest	ior C	m PTO/	SB/96	S).	ation wi	, diliga
associated (PTO/SB/1	Applicant/Inve	entor. ecord of the der 37 35 gent of re	he entire into C.F.R. § 3 cord.	erest. .73(b) is en	quest	ior C	m PTO/	SB/96	S).	ation wi	, diliga
associated (PTO/SB/1 I am the:	Applicant/Inve	entor. ecord of the der 37 35 gent of re- ectitioner	he entire into C.F.R. § 3 cord.	erest. .73(b) is en	quest	ior C	m PTO/	SB/96	S).	ation wi	, diliga

forms are submitted. *Total of Burdon Hour Statement. This form to estimated to take 3 minutes to complete. Time will very depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be earl to the Chief Information Officer, U.S. Petent and Tradomerk Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORM TO THIS ADDRESS. SEND TO: Assistant Commissionar for Patients, Washington, DC 20231.